

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

ESTATE OF DEREK VALENTINE, et al.,

Plaintiffs,

vs.

COUNTY OF MERCED, et al.,

Defendants.

Case No.

**DECLARATION OF ARACELI SANCHEZ
RE: CAL. CODE CIV. PROC. § 377.32**

I, Araceli Sanchez, do declare and say:

1. I submit the following declaration concerning my status as the successor-in-interest to Derek Valentine, pursuant to section § 377.32 of the California Code of Civil Procedure.

2. Derek Valentine was born on [REDACTED] 1991, in the County of Stanislaus, California.

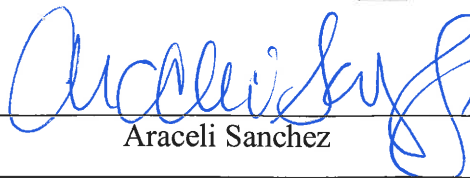
3. No proceeding is now pending in California for administration of the estate of Derek Valentine.

4. I am the successor-in-interest to Derek Valentine (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. I am the surviving spouse of Derek Valentine.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Derek Valentine in this pending action or proceeding.

6. A true and correct copy of the certified death certificate of Derek Valentine is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on June 13, 2023, at Merced, California.


Araceli Sanchez

COUNTY OF MERCED

HEALTH DEPARTMENT
MERCED, CALIFORNIA

3052023093277

CERTIFICATE OF DEATH

3202324000499

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) DEREK		3 LAST (Family) VALENTINE	
2 MIDDLE -		4 DATE OF BIRTH mm/dd/yyyy 1991	
5 AGE Yrs 31		6 SEX M	
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER [REDACTED]	
11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SDP (at Time of Death) MARRIED	
13 EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) HISPANIC, AFRICAN AMERICAN		17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CEMENT MASON	
18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) MASONRY		19 YEARS IN OCCUPATION 6	
20 DECEDENT'S RESIDENCE (Street and number or location) 861 E 23RD STREET			
21 CITY MERCED		22 COUNTY/PROVINCE MERCED	
23 ZIP CODE 95340		24 YEARS IN COUNTY 14	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME RELATIONSHIP ARACELI SANCHEZ, WIFE	
27 INFORMANT'S MAILING ADDRESS (Street and number, or PO Box number, city or town, state and zip) [REDACTED]		28 NAME OF SURVIVING SPOUSE/SDP - FIRST ARACELI	
29 MIDDLE -		30 LAST (BIRTH NAME) SANCHEZ	
31 NAME OF FATHER/PARENT - FIRST ALBERT		32 MIDDLE LEE	
33 LAST VALENTINE		34 BIRTH STATE CA	
35 NAME OF MOTHER/PARENT - FIRST RUTH		36 MIDDLE A.	
37 LAST (BIRTH NAME) RAMIREZ		38 BIRTH STATE CA	
39 DISPOSITION DATE mm/dd/yyyy 04/28/2023		40 PLACE OF FINAL DISPOSITION RES. ARACELI SANCHEZ	
41 TYPE OF DISPOSITION CREMATE/RESIDENCE		42 SIGNATURE OF EMBALMER NOT EMBALMED	
43 LICENSE NUMBER -		44 NAME OF FUNERAL ESTABLISHMENT WILSON FAMILY FUNERAL CHAPEL OF MERCED	
45 LICENSE NUMBER FD1970		46 SIGNATURE OF LOCAL REGISTRAR SALVADOR SANDOVAL, MD	
47 DATE mm/dd/yyyy 04/28/2023		101 PLACE OF DEATH COUNTY CORRECTIONAL FACILITY	
102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> In <input type="checkbox"/> EROIP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104 COUNTY MERCED		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2584 W SANDY MUSH ROAD	
106 CITY MERCED		107 CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. A) PENDING TOXICOLOGY TESTING	
108 DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 23-16116		109 BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 AUTOPSY PERFORMED? (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? (DT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. NO			
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive		115 SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116 LICENSE NUMBER -		117 DATE mm/dd/yyyy -	
118 TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE (A) mm/dd/yyyy (B) mm/dd/yyyy		119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/yyyy	
122 HOUR (24 Hours)		123 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)	
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125 LOCATION OF INJURY (Street and number or location, and city and zip)			
126 SIGNATURE OF CORONER / DEPUTY CORONER JOHN D ARGUELLES		127 DATE mm/dd/yyyy 04/26/2023	
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JOHN D ARGUELLES, DEP CORONER		129 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER -	
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4			

COUNTY of MERCED

HEALTH DEPARTMENT
MERCED, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

3052023093277

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202324000499

LOCAL REGISTRATION NUMBER

1.1

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A NAME—FIRST DEREK	1B MIDDLE -	1C LAST VALENTINE	2 SEX M
	3 DATE OF EVENT—MM/DD/CCYY 04/20/2023	4 CITY OF EVENT MERCED	5 COUNTY OF EVENT MERCED	

PART II STATEMENT OF CORRECTIONS

6 CERTIFICATE ITEM NUMBER	7 INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8 INFORMATION AS IT SHOULD APPEAR
107A	PENDING TOXICOLOGY TESTING	ACUTE COMBINED FENTANYL, PAROXETINE AND HYDROXYZINE TOXICITY
107AT	-	MINS
112	--	ILLCIT DRUG ABUSE, OBESITY
119	PENDING INVESTIGATION	ACCIDENT
120		N
121		04/20/2023
122		UNK
123		OTHER COUNTY CORRECTIONAL FACILITY
124		UNWITNESSED EVENT DECEDENT INMATE FOUND UNRESPONSIVE
125		2584 W SANDY MUSH ROAD, MERCED, CA 95341

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		
	9 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER JOHN D ARGUELLES	10 DATE SIGNED—MM/DD/CCYY 05/22/2023	11 TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER JOHN D ARGUELLES, DEP CORONER
	12 ADDRESS—STREET AND NUMBER 455 EAST 13TH STREET	13 CITY MERCED	14 STATE CA
STATE/LOCAL REGISTRAR USE ONLY	15 ZIP CODE 95340-6213	16 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR CDPH-VR	17 DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 05/22/2023

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24Ae (REV. 1/08)

11



* 999270587 *

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF MERCED

SS DATE ISSUED 06/02/2023

This is a true and exact reproduction of the document officially registered and placed
on file in the office of the MERCED COUNTY HEALTH DEPARTMENT.Salvador Sandoval MD MPH
Dr. Salvador Sandoval MD, MPH
HEALTH OFFICER, MERCED COUNTY

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

PBNC0 (Rev 12/20)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE